

### Appendix 3: Document Review List

<p>BUTTE COUNTY CHILDREN AND FAMILIES COMMISSION STRATEGIC PLAN/COMMUNITY ASSESSMENT SPRING 2000</p>
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- 1 Butte County Office of Education Master Plan  
To Reduce Problems Associated with Alcohol and Other Drug Abuse  
May 22, 1991
- 2 Enloe Medical Center Community Needs Assessment Survey Findings  
November 24, 1998
- 3 Youth Services of Butte County, Department of Behavioral Health – Report for System of  
Care in Butte County  
In collaboration with: Butte County Probation, Children's Services Division of Butte  
County Welfare, Butte County Public Health, Butte County Office of Education, Parent  
Education Network, and North Valley Catholic Social Services  
7/1/98 to 6/30/99
- 4 Butte County Child Care Needs Assessment/Goals & Objectives- Prepared for Butte  
County Local Child Care Planning Council  
Revised and edited – May, 1999 by The Butte County Local Child Care Planning Council  
Needs Assessment Committee
- 5 Thermalito Union School District  
Poplar Avenue School - Healthy Start Survey  
10-/15/97
- 6 Paradise Family Preservation & Support Program Community Focus Group  
May 17, 1999
- 7 Butte County Injury Profile  
1991 - 1995
- 8 WIC Tobacco - Reducing Exposure to Environmental Tobacco Smoke (A WIC - Based  
Education Proposal)  
December, 1998
- 9 Butte County Department of Public Health Report - Prioritizing the Health Needs of Butte  
County's Children: Conception to Five Years of Age  
February 7, 2000
- 10 Children's Services Planning Workgroup – Recommendations and Findings to Improve  
Services Delivery to Children and Families in Butte County  
January 6, 2000
- 11 Healthy Beginnings – Feasibility Study - Final Report  
Parent Education Network  
June 30, 1998
- 12 Youth Position Paper entitled "Increase the Peace"  
December 1998
- 13 Reducing Butte County Children's Morbidity and Mortality From Environmental Tobacco  
Smoke - The need for public and private collaboration  
Regina Ellena  
December 1998
- 14 Butte-Glenn Perinatal Council Overview  
11/19/99

- 15 Butte County Immunization Statistics  
1998 and 1999
- 16 Butte County Department of Public Health Maternal Child Health Programs/ Community  
Needs Assessment and Master Plan  
1999 – 2004  
Abridged Version  
July 1999
- 17 Team Chapman Community Skills and Resources Inventory  
6/2/98
- 18 Community Health Alliance of Oroville (CHAO) Strategic Action Plan  
To Address Child Safety  
Revised January 2000
- 19 California Work Opportunity & Responsibility to Kids – Butte County CalWORKs Plan  
November 26, 1997
- 20 Community Action Agency Master Plan  
2000/2001
- 21 CalWORKs Community Employment Centers Implementation Status Report  
July 27, 1999
- 22 State of Butte County Report -Longitudinal Analysis of Social Health & Well-Being  
Indicators 1980 – 1995  
Prepared December 1996
- 23 Feather River Tribal Health, INC.  
Community Intervention Program Proposal  
(Date not listed)
- 24 1998 - 2001 Comprehensive Tobacco Plan  
Butte County Department of Public Health  
April 9, 1998
- 25 Head Start Parent Child Care Questionnaire Tally  
(Date not listed)
- 26 ECE Child Care Report  
Caregiver Attitudes Toward Subsidized Child Care  
Funding Programs for Welfare to Work Families  
(Date not listed)

## Appendix 4: Community Assessment Outcomes

Key\*:

Each of the Needs/Ideas generated in the community meetings were coded by Community/ Focus Area / Prioritization.

Community: C = Chico P = Paradise  
O = Oroville G = Gridley

Focus Area: 1 = Greatest Needs  
2 = Healthy Children  
3 = Child Development / School Readiness  
4 = Stronger Families  
5 = Improved, Integrated Systems

Prioritization: During the Dot Vote for Prioritization, if a Need / Idea received any dots, the number of dots was noted.

Bold Print: During the Dot Vote process, if a Need / Idea received a majority of dots from the participants, it was printed in Bold Print.

*Example: **Anger Management for Parents & Children** (P4.4)*

(This was an Idea/Need that came from the Paradise Community, under **“Stronger Families”** and received **4** votes and was considered a **Priority**.)

\*\* A County-Wide Priorities Matrix combined all of the Priorities from each of the communities in Butte County into one matrix. Many of the needs/ideas from the first focus area (Greatest Needs) fit into the four primary areas highlighted by the Commission.

**\*The needs identified by community members are detailed in the matrix on the following page:**

HEALTHY CHILDREN	CHILD DEVELOPMENT - SCHOOL READINESS	STRONGER FAMILIES	IMPROVED INTEGRATED SERVICES
Education for New Moms when they leave the Hospital (Part of Well Baby Kits) & Parents & Grandparents on Effects of 2 <sup>nd</sup> Hand Smoke (O1.4) (C.1.7) and (P1.4) and Public Awareness Campaign (C2.3)	Conflict Resolution in Preschool (C3.14)	Parent Education / Family Centers for Each Community (C1.6)	Good Data Collection System (C1.8)
Psychiatric Services / Mental Health Screenings for Young Children including Counseling Services (C2.12)	Increased Salaries for Early Child Care Providers (C3.20) and Low Wages - Hard to Keep Good Staff - Effects Quality (C1.6)	Parent Education Programs that Address Mental, Emotional, Physical & Social Needs (C1.6)	Co-Locating Services - Both Child & Parent like new Community / Employment Center (C5.6)
Quality Infant Care (Low Ratios) (C1.6)	Train Exempt Care Providers (C1.6)	Safe, Affordable Housing for Teen Parents (C4.6) and (C1.3)	Public Policy Issue - We Need Benchmarks for Progress in Services (C.1.8)
No Tobacco Cessation Programs (P1.5)	Classes to Teach Parents how to Teach Basic Skills to Children (P3.6)	Lack of Child Care for Teen Moms once they Leave School Program - No Transition Support (C1.6)	Website - Hookup w/CSUC, Nursing Bulletin Board, Nutrition, etc. (P5.4)
	Assistance for Child Care, Working Families, Relative Caregivers (P1.4)	Anger Management for Parents & Children (P4.4)	Involve Students at CSUC & Butte College and High School in Community Service (P2.4)
	Basic Skills - Life Skills, Caring for Children, All Development Activities (P1.4)	Support & Education for Young &/or Single Parents, Non-Gender Specific, Prenatal (P1.5)	Lack of Child Care for 0 to 2 Year Olds (O1.4)

HEALTHY CHILDREN	CHILD DEVELOPMENT - SCHOOL READINESS	STRONGER FAMILIES	IMPROVED INTEGRATED SERVICES
	More Playgroups for Stay-at-Home Moms w/different age groups of children that includes Education for Parents Related to Child-rearing (G3.5)	Parenting Classes for All High School Students (O1.6)	Need Multilingual Translators and Advisors in Health Care Facilities (O.2.4)
	Educational Opportunities for Early Childhood Developers (G1.4)	Make Parent Education a Requirement in High School (linked to Family Life/Sex Ed.) Reality-based i.e., bills (O.3.5)	Directory of Services in Multiple Languages (Available in Drs. Offices, New Parents, Child Care Providers) (O.5.6)
		Parenting Skills - Taught from High School & up - Child Development, Discipline, etc., Required (G4.3)	One-Stop Centers - Locate Services Together (O.5.11)
		Educate Parents to Find the Answers/Resources (G4.4)	Mobile Team to Travel to Neighborhoods & Remote Areas for Info/Help (O1.5)
		"Mom & Me" Programs (G1.4)	Subsidize Low to Medium Income Families that Don't Meet Low Income Requirements for Private Child Care (O1.4)
			Centralized Resource Center - Hosts a Resource Fair (G5.8)

## COMMUNITY MEETING SUMMARY:

### CHICO COMMUNITY MEETING SUMMARY

<b>GREATEST NEEDS</b>	<b>HEALTHY CHILDREN</b>	<b>CHILD DEVELOPMENT - SCHOOL READINESS</b>	<b>STRONGER FAMILIES</b>	<b>IMPROVED INTEGRATED SERVICES</b>
Emergency Services - i.e., Diapers, Beds, Car Seats (C1.3)	Increase Breastfeeding Support (C2.3)	Incentives / Transportation for Parents/Grandparents to Get Training (C3)	Help in Dealing w/Stress at Home (C4.2)	Collaborate / Teamwork (C5.2)
Affordable / Safe Housing (C1.3)	Increase Knowledge on How to do Attachment (C2.1)	TV Family Hour - Child Development / Home Preschool (C3.1)	Build Capacity for Alcohol & Other Drug Services (C4.1)	Collaboration Between Services Re: Info Re: Services So Everyone Knows (C5)
<b>Good Data Collection System (C1.8)</b>	Integrate Media to Promote Early Child Issues / All Media Support of the Messages (C2.3)	TV Program Where Moms & Providers get College Credit for Watching Child Development Programs (C3.5)	Touchstone Like Program for Fathers (C4.2)	Master / Standard Referral Sheet that Everyone Uses (C5)
Lack of On-Site Child Care Services for Employees (C1.1)	Web Site / E-Mail to Create Dialogue/Feedback with Commission (C2)	Include Music/Arts as a Part of Overall Program (C3.2)	Build Capacity for Alcohol & Other Drug Services (C4.1)	Standard Information Form (c.5)
Lack of Network / Support System for Problems (i.e., Behavioral) (C1.2)	Rent / Provide Car Seat (C2.1)	Tobacco Education for New Moms/Prenatal (C3)	Touchstone Like Program for Fathers (C4.2)	Mechanism for Service Providers to Become Aware of Services (C5.1)
Lack of Clear Indicators to Measure what is the State of Services for Prenatal to 5 Services (Public Policy Issue Related) (C1)	Identification Process for at Risk Families ⇒ Refer to In-Home Support (Case Management) (C2.3)	Look at Home Schooling Trend / Lack of Confidence in Public Schools (C3)	Transition Programs for Families Dealing with : (1) Jail ⇒ Coming Out; (2) The Whole Process (C4.1)	Peer / Consumer Advocates vs. Professionals (C5)

<b>GREATEST NEEDS</b>	<b>HEALTHY CHILDREN</b>	<b>CHILD DEVELOPMENT - SCHOOL READINESS</b>	<b>STRONGER FAMILIES</b>	<b>IMPROVED INTEGRATED SERVICES</b>
<b>Parent Education Regarding Effects of Tobacco Use on Young Children (C1.7)</b>	Pre-Conception Care (C2)	<b>Conflict Resolution in Preschool (C3.14)</b>	Support for Single Parents (C4.2)	"Sacramento" Book of Resources given to New Moms (C5.1)
Lack of Tobacco Cessation Providers (C1.2)	<b>Psychiatric Services / Mental Health Screenings for Young Children including Counseling Services (C2.12)</b>	Ability for Early Screening for Learning Disabilities / Interventions (C3.5)	Vouchers / Support for Counseling w/Child care (C4.1)	<b>Co-Locating Services - Both Child &amp; Parent like new Community / Employment Center (C5.6)</b>
Affordable / Subsidized Cessation Programs (C1.1)	Public Awareness Campaign Re: Tobacco Use & Effects on Children - Easy Access Phone # to Get Help (C2.3)	Free or Low Cost Playgroups to Encourage Peer Interaction (C3.1)	In-Home Counseling (C4.2)	Transportation (C5.1)
<b>Parent Education / Family Centers for Each Community (C1.6)</b>	Lack of General Insurance for Part Time Workers (C2.1)	Workshops / Training on Brain Pathways (For Teachers / Parents) (C3.2)	Group Support for Families to Share (Both Parents & Child Care) (C4)	Real People Answer Phone/Easy Response (C5)
Provide a Care Facility that Deals w/Attachment & Bonding Issues (C1.4)	Transportation to Dr.'s Appt. (C2)	<b>Increased Salaries for Early Child Care Providers (C3.20)</b>	Access to Info Re: Resources (C4)	In-Home Support / Services / Mentoring (C5.1)
<b>Public Policy Issue - We Need Benchmarks for Progress in Services (C1.8)</b>	Stable / Ongoing Low Income Health Provider (i.e., Overuse of Emergency Room for Health Care) (C2.3)	Stipends / Incentives for Providers to Get Training (C3.5)	Central Access # - Help / Hotline - Knows <u>All</u> Resources (C4. 12)	Health Nurse Visit Child Care Centers (C5.4)

<b>GREATEST NEEDS</b>	<b>HEALTHY CHILDREN</b>	<b>CHILD DEVELOPMENT - SCHOOL READINESS</b>	<b>STRONGER FAMILIES</b>	<b>IMPROVED INTEGRATED SERVICES</b>
<b>Parent Education Programs that Address Mental, Emotional, Physical &amp; Social Needs (C1.6)</b>	Lack of Education Re: Car Safety Seats (C2)	Low / No Cost Activities for Moms & Their Children (C3.3)	Provide a Resource List for New Moms (C4.2)	
Sick Child Care Services - Weekend Child Care Services (C1.4)	Medication for Children W/O Prescriptions (C2.1)	Turn Fred Meyers into a Play Center (C3)	Co-Op Nursery School for Stay at Home Moms that is Neighborhood-based (C4.4)	
<b>Train Exempt Care Providers (C1.6)</b>	Lack of Knowledge Re: Resources / Easy Access to Info (C2.1)	Easy Access to Books for Reading (C3)	More Support for "Parents" Taking on Guardianships (C4.1)	
Lack of Incentives for Family Child Care Providers to Get Training (C1.2)		Welcome Parents to be More Involved In / At School and More Comfortable (C3)	<b>Safe, Affordable Housing for Teen Parents (C4.6)</b>	
Parent Support from Prenatal to 5 (i.e., Mentor) (C1.1)		Campaign to Encourage Reading (C3)	Cheap Legal Assistance (Foster Care Issues) (C4)	
<b>Lack of Child Care for Teen Moms once they Leave School Program - No Transition Support (C1.6)</b>		Free Child Development Course for New Parents (Certification ⇒ Discounts) Need Business Support (C3.2)	Support for Families Who Adopt Children w/Special Needs (C4)	
Cost of Child Care for Part Time Workers - Lack of Opportunity for Part Time Workers Because of Low Pay / High Child Care - Needs to be Affordable (C1.2)		Program Re: Fathers Role in Early Child Development (C3.1)	Free Bus for Very Low Income (C43.3)	



<b>GREATEST NEEDS</b>	<b>HEALTHY CHILDREN</b>	<b>CHILD DEVELOPMENT - SCHOOL READINESS</b>	<b>STRONGER FAMILIES</b>	<b>IMPROVED INTEGRATED SERVICES</b>
Lack of Subsidized Funding for Child Care (C1.5)		Mobile Van for Child Development (C3.4)	Define Role of How CSUC System Resources Could be Used (C)	
<b>Quality Infant Care (Low Ratios) (C1.6)</b>				
Lack of Quality Child Care (C1.3)				
Lack of Consistency (Staff has a High Turnover Rate) (C1)				
<b>Low Wages - Hard to Keep Good Staff - Effects Quality (C1.6)</b>				
Lack of Male Providers (C1.1)				
Lack of Transportation (C1.1)				
Lack of Child Care for Families with Special Needs (C1.5)				
<b>COMMENTS:</b> <ul style="list-style-type: none"> <li>• <b>Alcohol Education for Parents;</b></li> <li>• <b>Lack of Needs to Support Folks Coming Off Welfare</b></li> <li>• <b>Psychiatric Services to Include Parents Too</b></li> </ul>				

### GRIDLEY COMMUNITY MEETING SUMMARY

<b>GREATEST NEEDS</b>	<b>HEALTHY CHILDREN</b>	<b>CHILD DEVELOPMENT - SCHOOL READINESS</b>	<b>STRONGER FAMILIES</b>	<b>IMPROVED INTEGRATED SERVICES</b>
Infant/Toddler Care (G1.2)	In-Home Evaluations/Services (Culturally Appropriate) (G2.1)	More Preschools (G3.1)	<b>Parenting Skills - Taught from High School &amp; up - Child Development, Discipline, etc., Required (G4.3)</b>	Systems Must Represent Community they Serve - "What's Good for Chico may not be Good for Other Areas" (G5.1)
Drop-In Care (G1)	Immunizations for All Children (G2.1)	<b>More Playgroups for Stay-at-Home Moms w/different age groups of children that includes Education for Parents Related to Child-rearing (G3.5)</b>	Provide Funding to High School for Parenting Skills Classes & Props for Classes, i.e., dolls, child education (G4)	Encourage Communication Between Systems - that includes Different Cultures & Language Groups (G5.2)
Respite Care (G1.1)	Nutrition/Diet Education (G2)	Resources for Parents (Books, Curriculum Kits, etc.) (G3.2)	For Teens to Experience Parenting in All Ages beyond just Babies. Volunteer in Preschools (G4)	Linking Volunteer Agencies w/Services (Children's Home Society, CSUC, Butte College, High Schools) (G5.1)
Dental Care (G1.1)	Respite Care to Reduce Stress in Parents (G2)		Financial Help/Respite Care for Stay At Home Parents (G4.1)	<b>Centralized Resource Center - Hosts a Resource Fair (G5.8)</b>
Diaper Service (G1)	Parenting Classes with Child Care (G2.2)		Education for Fathers (Not Gender Biased Education)	
Transportation to & from home to services (G1.2)	Meals on Wheels for Children (Especially during Summer) (G2.2)		Communication Needs especially in very rural areas (i.e., hospitals sending out flyers on Child Development) (G4.2)	

<b>GREATEST NEEDS</b>	<b>HEALTHY CHILDREN</b>	<b>CHILD DEVELOPMENT - SCHOOL READINESS</b>	<b>STRONGER FAMILIES</b>	<b>IMPROVED INTEGRATED SERVICES</b>
Lack of Providers that Provide Off-Hour Care (G1)	Teaching Children to Make Safe Meals (G2)		Community Outreach Workers (G4.2)	
Licensed Care (G1.3)			Address Diverse Family Needs, i.e., Single Parents & Grandparents as Parents (G4.1)	
Low Cost Child Care for Moms in College or Working Families (G1)			<b>Educate Parents to Find the Answers/Resources (G4.4)</b>	
<b>Educational Opportunities for Early Childhood Developers (G1.4)</b>				
<b>“Mom &amp; Me” Programs (G1.4)</b>				
Language Barriers in Some Services (G1)				
Increase funding for Child care (G1.2)				
Increase Financial Incentives for Child Care Providers & Center Staff (G1.3)				
Granting Wishes for Terminally Ill Children (G1.1)				
Hotline for Parents to Vent (G1.3)				

<b>GREATEST NEEDS</b>	<b>HEALTHY CHILDREN</b>	<b>CHILD DEVELOPMENT - SCHOOL READINESS</b>	<b>STRONGER FAMILIES</b>	<b>IMPROVED INTEGRATED SERVICES</b>
Conflict Resolution Education for Parents (G1.3)				
Parenting Classes for All Parents (G1)				
Delay in Receiving Help with Special Needs because of School Yr. Schedule (G1.1)				
Access to Psychological Services (G1)				

## OROVILLE COMMUNITY MEETING SUMMARY

<b>GREATEST NEEDS</b>	<b>HEALTHY CHILDREN</b>	<b>CHILD DEVELOPMENT - SCHOOL READINESS</b>	<b>STRONGER FAMILIES</b>	<b>IMPROVED INTEGRATED SERVICES</b>
<b>Lack of Child Care for 0 to 2 Year Olds (O1.4)</b>	Parent Hotline (O2.1)	Parents Read to Children (O.3)	Adequate Income/Jobs (O.4)	Include / Collaborate with Faith Community in Early Child Education (O.5.1)
Lactation Program through Hospital in Oroville to Encourage Breast Feeding (O1)	Education at High School on how Health Habits may Effect Health of Babies (i.e., nutrition, drug & alcohol use) (O1.4)	Mobile Lending Library - Books & Info on Child Development (Use a Loudspeaker too) (O.3.3)	Training for Parents (O.4)	Be Cautious about Becoming "Socialized" Service Providers - Encourage Individual Responsibility (O.5)
Access to Dental Care for Pregnant Moms & Small Children (O1)	Address Health Care Gap for Families not Qualifying for Insurance and Medicare (Working Poor / No Insurance) (O.2)	Age Appropriate Reading Materials/Toys in Homes (O.3)	Child Care Costs Subsidized, Employer Sponsored, Affordable (O.4.2)	Teach Basic Language (Spanish, Hmong) to English-Speaking Service Providers (O.5)
Child Care for "Off" Hrs (Evenings/Weekends) (O1.1)	Address / Reduce Environmental Hazard Exposure (Child Injury, Safety Car Seat, Lead Poisoning, Tobacco Smoke) (O.2)	Encourage Youth to Finish High School & Continue Their Education (O.3)	Encourage, Educate, Promote Early Bonding with Child (O.4.1)	Easy Access to Language Learning Opportunities (O.5)
Support Employees to Have On Job-Site Child care Centers (O1.1)	<b>Need Multilingual Translators and Advisors in Health Care Facilities (O.2.4)</b>	Knowledge of Child Development (O.3.1)	Put Info Where Parents Are (O.4)	<b>Directory of Services in Multiple Languages (Available in Drs. Offices, New Parents, Child Care Providers) (O.5.6)</b>

<b>GREATEST NEEDS</b>	<b>HEALTHY CHILDREN</b>	<b>CHILD DEVELOPMENT - SCHOOL READINESS</b>	<b>STRONGER FAMILIES</b>	<b>IMPROVED INTEGRATED SERVICES</b>
Support Groups or Playgroups for Children 0 to 2 Yrs in South County (O1)	Educate Parents of Importance of Children Getting Enough Sleep (Impact of Watching Too Much TV) (O.2)	Practice Appropriate Child Discipline (O.3.1)	Link Services (O.4)	Better Customer Service from Service Providers - <u>RESPECT!</u> (O.5)
Early Childhood Education for Young Mothers (O1)	Get Info Out on What Services Are Available (O2)	Need More South County Playgroups (O.3.2)	Financial Planning Services (O.4.1)	Service Providers be More Patient - Take Time to Ensure Understanding (i.e., with Language, Needs) (O.5.1)
Health Clinic for Parents & Children in Evenings (5 to 9 p.m.) (O1)	Provide Info to Parents at Birth - Resources Avail. (O.2)	Encourage the Role of the Father in Reading (O.3)	Community Norms that Support Drug-free Families (O.4)	<b>One-Stop Centers - Locate Services Together (O.5.11)</b>
Expansion of In-School Child care for Parenting Minors (O1)	More Dental providers for Low Income (Subsidize) (O.2.2)	Deal with Making It More Comfortable for People Who Don't Read Well So They Can Get Help and Other Issues that Help Folks Deal with Shame - Help them Feel Valued - It's OK to Reach Out - To Get Help & Still be a Good Parent (O.3)	Mobile Van that Goes to Care Providers that Promotes Education/Resources (O.4.2)	Address Multiple Languages, Especially in Providing Info (O.5)
<b>Parenting Classes for All High School Students (O1.6)</b>	More Pediatric Providers for South County (O.2)	Encourage Teens to Delay Parenting to be Better Prepared for Parenting (O.3.3)	Father included in "Touchstone" Model (Drug Treatment) (O.4)	Provide Links through Use of Technology to Outlying Communities i.e., Website w/Links to providers, etc. & Directory (Multi-Languages) (O.5.3)

GREATEST NEEDS	HEALTHY CHILDREN	CHILD DEVELOPMENT - SCHOOL READINESS	STRONGER FAMILIES	IMPROVED INTEGRATED SERVICES
Parent Education for 1 <sup>st</sup> Time Parents (Early Child Development) (O1.1)	Teach & Encourage Parents to Provide Good Nutrition to Children (Food Choices & Prep) (O.2)	<b>Make Parent Education a Requirement in High School (linked to Family Life/Sex Ed.) Reality-based i.e., bills (O.3.5)</b>	Provide Models of Strong Families (Reflect Diversity) (O.4)	Universal Intake Form (O.5)
Parent Education & Support that is Accessed at Neighborhoods by a Multi-Discipline Team (able to address multiple issues) (O		For Bilingual Parents have Books with Cassettes to “Read” with Children (O.3.2)	Parent Support Groups with Child Care (O.4.2)	
Better Wages for Child care Providers to help Create Quality Child Care (O1.12)		Difficult to put Hmong Children in Preschool - they can't Speak English; Need Opportunities to Socialize w/English Speaking Children (O.3)	Make Preschool “Public Education” State Funded (O.4.3)	
Easy Access, Affordable Transportation for Families with Young Children - Countywide (O1)			“Bonding Classes” for Adoption / Foster - All Parents-Educate About Bonding & Attachment (O.4.2)	
Safer (e.g., yards) & New Housing, Decent & Affordable for Families w/Young Children (O1)			Infant Massage Classes (O.4)	

<b>GREATEST NEEDS</b>	<b>HEALTHY CHILDREN</b>	<b>CHILD DEVELOPMENT - SCHOOL READINESS</b>	<b>STRONGER FAMILIES</b>	<b>IMPROVED INTEGRATED SERVICES</b>
More Education for Care Providers - Brain Research, Language Development (O1.3)			Education through Programs, i.e., WIC, Welfare (Captive Audiences) (O.4)	
Identification of High Risk Families - Early Help (O1.2)				
Treatment for All Drug & Alcohol & Tobacco (Include Cessation) (O1)				
Drug Treatment Programs for Fathers &/or Include Fathers (O1)				
Early Childhood Specialist in Pediatricians office to Educate Parents (One Shop Clinic) (O1.1)				
CHDP include (?) development, screening (O1)				
Concern: Continuity of Prop 10 funded programs				
Information on Preventing Drug-Addicted Babies (O1)				
<b>Mobile Team to Travel to Neighborhoods &amp; Remote Areas for Info/Help (O1.5)</b>				



<b>GREATEST NEEDS</b>	<b>HEALTHY CHILDREN</b>	<b>CHILD DEVELOPMENT - SCHOOL READINESS</b>	<b>STRONGER FAMILIES</b>	<b>IMPROVED INTEGRATED SERVICES</b>
Sustainability of Programs & Services (O1)				
Subsidy for Private Child Care (O1.1)				
Resource/Info Link in Every Neighborhood or Small Community (by Phone or Computer Link at an Easily Accessible Place (O1)				
<b>Education for Parents &amp; Grandparents on Effects of 2<sup>nd</sup> Hand Smoke (O1.4)</b>				
<b>Subsidize Low to Medium Income Families that Don't Meet Low Income Requirements for Private Child Care (O1.4)</b>				
Identify Partnerships, Professionals, etc. to Work Together (O1.1)				
Positive Recreation for Parents that Includes Child Care (O1)				
<b>COMMENTS:</b> <ul style="list-style-type: none"> <li>• <b>Collapse and Link, i.e., Increased Pay for Child Care Providers May be Linked / Helped with Subsidized Care;</b></li> <li>• <b>Leverage Prop 10 Funds to Get Additional \$\$;</b></li> <li>• <b>Keep Community Informed Throughout the Process - Continuous and Ongoing</b></li> </ul>				

### PARADISE COMMUNITY MEETINGS SUMMARY

GREATEST NEEDS	HEALTHY CHILDREN	CHILD DEVELOPMENT - SCHOOL READINESS	STRONGER FAMILIES	IMPROVED INTEGRATED SERVICES
Parents Don't Know What to Do; No Info; Parents Not Told (P1.2)	Alcohol, Tobacco & Other Drug Abuse Education for Parents (P2.1)	English Language Taught (P3)	Education Re: Blended Family Issues (P4)	800 # Parent Hotline for Referral/Resource (w/live person answering) (P5.1)
<b>No Tobacco Cessation Programs (P1.5)</b>	Education to Prevent Food-Borne Illness (P2)	Pre-Skills in Basics: Speech & Language, Written Language & Motor Skills - Multi-Sensory Approach (P3.1)	<b>Anger Management for Parents &amp; Children (P4.4)</b>	Parent Line for Basic Care, Development Questions (P5)
Healthy Eating Habits Need to be Taught (P1)	Basic Hygiene Skills (P2)	Information to Parents about What's Available (P3)	Negotiation Skills (P4.1)	<b>Website - Hookup w/CSUC, Nursing Bulletin Board, Nutrition, etc. (P5.4)</b>
Few Services for Kids in Relative Caregiver Settings (P1.1)	Early Screening: Lead & Hearing (P2)	<b>Classes to Teach Parents how to Teach Basic Skills to Children (P3.6)</b>	Communication Skills for Children & Parents (via Resource Centers?) (P4.1)	What's out there? Build on Existing Structures (P5.2)
Lack of Respite Care for Relative Caregivers (See Below) (P1)	Language-Based Learning Disabilities Screening (P2.2)	Focus on Child Care (P3)	Stronger Neighborhoods for Support (P4)	More Transportation, Local Services (P5)
<b>Assistance for Child Care, Working Families, Relative Caregivers (P1.4)</b>	Transportation to Appointments, etc. (P2)		Asset Building for Families (P4)	Visiting Nurses to Preschools for Screenings, etc. (P5)
Off-Hours Child Care (P1)	Rubella, Chicken Pox Immunizations for Mom (P2)		Remove "Stigmas" from Needing Help (P4.1)	Agencies, Organizations Family-friendly Hrs (P5)

GREATEST NEEDS	HEALTHY CHILDREN	CHILD DEVELOPMENT - SCHOOL READINESS	STRONGER FAMILIES	IMPROVED INTEGRATED SERVICES
Care for Children - Support Groups, etc. (Evenings) (P1.1)	Immunizations in General (P2)		"Family Camp" for Education & Activities (P4.2)	Public Transportation - Family-friendly Hrs (P5.2)
Money Management (P1)	Emotional Well-being (P2)		Recreation, Day Camps (P4)	Assistance w/Telephone, Power Services (P5)
<b>Support &amp; Education for Young &amp;/or Single Parents, Non-Gender Specific, Prenatal (P1.5)</b>	Classes for Non-Traditional Situations (Ex.: Grandparents Raising Grandkids) (P2)		Families Involved in Activities Together (P4.1)	
Basic Cooking Skills (P1)	Information on Prenatal Services (P2)		Relationship Skills for Parents (P4)	
<b>Basic Skills - Life Skills, Caring for Children, All Development Activities (P1.4)</b>	Information on All Related Services (P2)		Awareness of Family Differences (Ex: Revision of forms) (P4)	
Parenting Hotline, Toll-Free; Easy Number (P1.1)	Mobile Library Expanded - Info on Child Development; Behavior Modification (P2)			
Prevention Education (P1.1)	<b>Involve Students at CSUC &amp; Butte College and High School in Community Service (P2.4)</b>			
Basic Skills - Behavioral Management, Discipline (P1.1)				

<b>GREATEST NEEDS</b>	<b>HEALTHY CHILDREN</b>	<b>CHILD DEVELOPMENT - SCHOOL READINESS</b>	<b>STRONGER FAMILIES</b>	<b>IMPROVED INTEGRATED SERVICES</b>
Locally Based Services (Due to So Little Transportation) (P1)				
Food Delivery for Homeless for At Risk for Malnutrition (P1)				
Preschool Programs in Outlying Areas (P1.1)				
What's Out There? Community Outreach, Central Point of Contract (P1.1)				
Visiting Nurses for Pregnant Women (P1.2)				
Visiting Dietician (P1)				
Greater Info for Moms from Nurses Before Going Home from Hospital (P1)				
"Visiting Grandparent" or "Mentor" Program (P1)				
Fire, Police Tips for Parents (P1)				
Insurance Options for Families (i.e., Healthy Families - Work w/Head start, Preschools (P1)				
Information Out to Parents from Docs, Nurses, Midwives - Updated Regularly (P1)				
<b>Info on Secondhand</b>				

<b>GREATEST NEEDS</b>	<b>HEALTHY CHILDREN</b>	<b>CHILD DEVELOPMENT - SCHOOL READINESS</b>	<b>STRONGER FAMILIES</b>	<b>IMPROVED INTEGRATED SERVICES</b>
<b>Smoke for Moms when they leave Hospital (Well Baby Kits?) (P1.4)</b>				
Updated Demographics Re: CSUC? (P1)				
Awareness/Knowledge of Disabilities (library materials?) (P1.3)				

# 10-Year Financial Plan



**September 20, 2002**  
**Updated: November 21, 2003**

**Butte County  
Children and Families Commission  
Administration Committee:**

Patricia Cragar  
Jane Dolan  
Gary House  
Karen Marlatt

**Barbara Riley, Financial Consultant**

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## **Executive Summary**

The Butte County Children and Families Commission, in an effort to maximize change for the better for the Butte County children ages 0-5 and their families, adopted this Financial Plan on September 20, 2002, to ensure the best use of Proposition 10 tax dollars.

This Financial Plan will guide the preparation of the Funding Allocation Plan and annual budgets.

Objectives of the Financial Plan are:

1. A maximum level of funding despite declining revenues.
2. A commitment to evaluation
3. A cap on operating expenses
4. A capacity for multi-year initiatives
5. Pursuit of grant leveraging as a means of sustainability

Economic assumptions used include:

- 5.0% decline in State Proposition 10 funds annually
- 4.0% interest earnings
- 2.5 % inflation factor

Intended results of the Plan:

- SUSTAINABILITY for the most successful and effective programs developed and supported with Prop 10 funds.
- A healthy balance at the end of 10 years, for planning and continuation of services to the children and families of Butte County.

## **Introduction**

The Butte County Children and Families Commission completed a process of long range financial planning as a means to develop funding allocation plans to support the county's Proposition 10 Strategic Plan, and provide sustainability for the successful programs and initiatives developed over the next ten years.

This document was developed as direct support to the Strategic Plan originally approved in November 2000. This plan is the guideline for future grant awards and provides a framework for balanced general administrative support, program management, and evaluation activities. It is the basis for a funding allocation plan and annual budgets.

The ten-year projection takes into account that Proposition 10 sales tax revenues are predicted to decline regularly each year as efforts to curtail smoking among adults and teens become more effective. The expenditure projections assume a cost of living adjustment each year only for Commission program and administration costs, and evaluation, but no significant increases. This plan does not authorize or appropriate funding. This plan is a tool for the Commission to guide its actions and community investments with the direct intent of being able to sustain successful programs over a long-range period.



This plan will be updated annually to reflect actual revenue and expenditures. The assumptions used in development will be reviewed to ensure there have been no changes to invalidate or change their effectiveness. The remaining sections of this plan will detail the goals, objectives and principles for the plan, outline the assumptions used to assemble the data and present the spreadsheet view of the results.

This plan was prepared with the support of the Administration Committee of Butte County Children and Families Commission (Patricia Cragar, Jane Dolan, Gary House, and Karen Marlatt), commission staff, and a Prop 10 Technical Assistance Service Center (TASC) consultant. The financial portion of the plan was prepared using materials developed by The Center for Health Improvement, Technical Assistance Service Center.

## **Background**

The Children and Families Commission was formed pursuant to the Children and Families Act of 1998 authorizing an additional sales tax on tobacco products, and its distribution to counties to support programs for children 0-5 years. The intent of the tax was to fund programs to fill gaps and assist children in reaching school healthy, both physically and emotionally, and ready for academics. Primary focus areas are health, early care and education, improved family functioning, and integrated systems, which are accessible and culturally appropriate for families. These strategic result areas increase support of School Readiness. Funds are distributed to counties based upon the county's share of statewide births. Butte County's birth rate is .493% (less an ½ of 1 percent) of the statewide total.

The requirements of the legislation included completion and approval of a strategic plan before any funds could be authorized. In most counties, the formation of a commission and the development of the plan took a significant amount of time. The funding began in January 1998 and many counties did not have approval of their strategic plans until some time in 1999/2000. During that time funds were accumulating in their accounts. Butte County's Strategic Plan was approved in November 2000. The first RFA funding began in June 2001.

For the current year, Butte County will receive nearly 2 million in Proposition 10 monthly disbursements. At the beginning of this fiscal year, the Commission had 2.3 million in its operating account, and 5.5 million designated for future sustainability. One of the purposes of this plan is to acknowledge the large beginning fund balance and indicate how it will be used over the next 10 years to enable the Commission to sustain the funded programs.

With this plan in place, the Commission developed a funding allocation plan with the information in the financial plan to back it up.

The Commission will pursue additional funding sources. Federal, State, foundation or private grants will be researched. The commission has indicated a desire to pursue leveraging as an additional means of sustainability. The analysis and development of a leveraging plan will enhance the revenue picture for the Commission. While leveraging is not easy, when done correctly, federal matching funds are available and can become

a funding source to include in the plan after full implementation and cash flow issues are established.

### **Financial Plan Goals**

The main goal of the financial plan is to provide the guiding financial framework for ensuring long term sustainability to the most successful and effective programs developed and supported with Proposition 10 funds.

Additionally, the plan reflects the goal of providing a maximum level of funding over the time of the plan, 10 years. It includes a commitment to evaluation.

The second RFP cycle of this Commission was large and intended to spend down a large portion of the uncommitted fund balance, which had accumulated since the inception of the sales tax. The funding commitments of this cycle will run through calendar year 2004. This plan acknowledges that the initial cycles were to jump start programs in the community and would not necessarily continue. The financial plan outlines the commission's ability to fund up to 1.5 million per year in grants, effective programs, new initiatives, or as match to available State funding, for the next ten years. This funding commitment is sustainable and spends down the initial remaining fund balance. This plan has been prepared with a conservative emphasis, and yet quantifiably enables the Commission to plan for future funding cycles.

### **Financial Plan Objectives**

The following objectives of this plan are intended actions to achieve the above stated goals:

6. Provide a maximum level of funding considering declining revenues
7. Commit to evaluation
8. Cap operating expenses at FY 05/06 levels
9. Pursue grant leveraging as a means of sustainability
10. Provide capacity for multi-year initiatives

### **Financial Plan Principles**

The financial plan principles provide guidelines and procedures for the use of the plan.

- Timeframe--The financial plan shall project revenue and expenditure estimates for a ten years.
- The annual budget will be based on the Financial Plan's numeric and narrative information
- The funding allocation plan is based on information approved in the financial plan.

- Commission staff shall update the financial plan each year to reflect actual expenditures and revenues for the fiscal year and prepare a report to the Commission. The staff shall also validate the assumptions used in the preparation of the plan are still appropriate. If any assumptions warrant change, this will be included as part of the annual update.
- Changes to plan--changes can only be made to the financial plan with Commission approval. Request for changes to the plan should be accompanied with a "What If" scenario reflecting the change suggested.
- Surplus budget funds--if the revenues and expenditures in the annual budget result in a surplus of funds, these funds will be placed in the beginning fund balance on annual update of the Plan.
- Deficit budget funds--if a small deficit occurs in the annual budget, commission staff will adjust variable expenses to the degree possible. If large, deficit adjustments are necessary; the evaluation results will assist in the prioritization of necessary reductions. Sustainability is critical--the most effective programs will continue and the least effective shall be reduced or discontinued.
- New funding streams will only be added as a revenue category when a 3-5 year commitment is assured.
- New revenues will be treated as surplus until a definitive cash flow is occurring and can be treated as listed in the above.
- The Commission will evaluate the goals, objectives and principles of the financial plan on an annual basis.

## **Plan Assumptions and Funding Strategies**

### **Economic Assumptions**

- 5.0% decline in State Proposition 10 funds annually
- 4.0% interest earnings
- 2.5 % inflation factor
- Salaries inflated 6% (step increases and health benefits cost increase)

### **Policy Assumptions**

- A maximum level of funding each year for programs, grants, or initiatives (not inflated to promote search for other funds) considering declining revenues
- Continue systems grants to a total of \$500K
- Operating costs capped at FY 05/06 levels.
- Evaluation funded and inflated annually
- A conservative approach used

### **Results**

- SUSTAINABILITY
- A healthy balance at end of 10 years

## **Implementation**

The Butte County Children and Families Commission enacted this Financial Plan on September 20, 2002. It guides the preparation of the Funding Allocation Plan and annual budgets.

## **Appendix**

1. Butte County Children & Families Commission 10-Year Financial Plan & Forecast Spreadsheet

# Butte County Children & Families Commission - Financial Planning Spreadsheet

Dollars in Thousands													
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	Totals thru Yr 10
	Actuals	Actuals	Budget										
Beginning Fund Balance	5,691.0	7,398.1	7,826.9	5,450.0	5,019.1	4,687.0	4,155.1	3,893.1	3,585.9	3,230.8	2,825.4	2,366.5	
Revenues													
Annual Projected Allocations	2,321.9	1,973.8	1,821.3	1,730.2	1,643.7	1,561.5	1,483.5	1,409.3	1,338.8	1,271.9	1,208.3	1,147.9	5,691.0
REWARD - CA	121.0	197.1	351.1	263.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	18,912.1
REWARD - DESS	474.7	425.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	932.6
REWARD - BCOE	0.0	117.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	899.9
School Readiness	31.6	72.4	369.4	209.2	159.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	117.0
SMIF	11.8	3.4	3.8	3.2	2.9	2.7	2.5	2.3	2.1	1.9	1.8	1.6	841.8
Travel Augmentation	0.0	7.6	7.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	40.1
Admin. Augmentation	3.2	3.2	3.2	2.6	2.4	2.2	2.0	1.8	1.6	1.4	1.2	1.0	15.2
Total Revenues	2,964.2	2,799.7	2,556.4	2,208.6	1,808.3	1,566.4	1,488.0	1,413.4	1,342.5	1,275.2	1,211.3	1,150.5	27,475.5
Total Revenues & Beginning Fund Balance	8,655.2	10,197.8	10,383.3	7,658.6	6,827.3	6,253.4	5,643.0	5,306.5	4,928.4	4,506.0	4,036.6	3,517.0	29,548.8
Expenses (Use of Funds)													
Funds Available for Grants, Programs, Initiatives:													
Special Funding Available	0.0	0.0	0.0	935.8	1,265.8	1,194.6	1,134.9	1,078.1	1,024.2	973.0	924.4	878.1	9,408.9
Special Funding Contracts	0.0	0.0	99.4	190.0	180.5	171.5	162.9	154.8	147.0	139.7	132.7	126.0	1,504.5
Mini-Grant Contracts (2000)	0.0	32.0	68.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.6
Big Grant Contracts (2001)	607.7	323.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	931.4
REWARD Contracts	157.0	1,258.1	3,364.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4,779.8
School Readiness Contracts	595.7	739.3	762.6	778.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2,875.7
I&R Contract & System Obligations	31.6	72.4	368.4	364.4	318.4	318.4	0.0	0.0	0.0	0.0	0.0	0.0	1,473.6
Evaluation Obligation	0.0	77.4	94.0	64.1	33.1	33.1	33.1	33.1	33.1	33.0	33.0	33.0	500.0
Other Professional Services	0.0	0.0	50.0	72.7	74.6	76.4	78.3	80.3	82.3	84.4	86.5	88.6	774.2
Program Management	6.0	11.9	21.0	12.5	12.8	13.1	13.4	13.8	14.1	14.5	14.8	15.2	163.0
Administration	135.7	144.5	275.1	288.4	302.3	317.1	332.6	349.0	366.3	384.5	403.7	424.0	3,723.1
Total Expenses	63.8	68.0	129.5	113.7	119.8	126.2	133.0	140.2	147.8	155.9	164.4	173.3	1,535.7
Revenues & Fund Balance minus Expenses	1,597.5	2,727.3	5,233.3	2,819.6	2,307.3	2,250.4	1,888.3	1,849.3	1,814.8	1,784.8	1,759.4	1,738.4	27,770.5
Interest Earnings (at 3.5%)	7,057.7	7,470.5	5,150.0	4,839.0	4,520.0	4,003.0	3,754.7	3,457.3	3,113.6	2,721.2	2,277.2	1,778.7	
Total	340.1	356.4	300.0	180.1	166.9	152.1	138.4	128.6	117.2	104.2	89.3	72.5	2,073.3

Notes:  
 1 Unearned Initiative revenues moved from 01-02 and 02-03, to 03-04 where they are likely to be earned.  
 2 Interest Earnings projected at 3.5%, beginning 04-05.

## Appendix 6: Equity Principals

### Principles on Equity

#### ADVISORY COMMITTEE ON DIVERSITY CALIFORNIA CHILDREN & FAMILIES COMMISSION (Approved by the State Commission on October 18, 2001)

Recognizing significant gaps and disparities in the provision of services for children and their families and as observed in educational, health and other outcomes, the State Commissioners adopted a resolution in November, 1999, demonstrating its commitment and leadership towards taking proactive steps to ensure that California children and their families from diverse populations, including children with disabilities and other special needs, are an integral part of the planning and implementation of Proposition 10. By the following summer (July 2000), the State Commissioners had established the Advisory Committee on Diversity to serve as their policy advisors on issues related to diversity and equity. For Prop 10, diversity has been defined to be inclusive of children prenatally to five years of age, regardless of immigration status, who:

Are from different ethnic, linguistic, cultural, socio-economic, religious, geographical and/or other historically or currently under-served communities; or  
Have disabilities and other special needs.

The Advisory Committee on Diversity is responsible for advising the State Commission in fulfilling its mission to adopt policies and practices that equitably provide California's children (prenatal to 5) from diverse backgrounds and abilities with accessible, family-friendly, culturally competent, quality early childhood services and programs designed to help them reach their full potential and prepare them for positive educational and life experiences. To achieve this vision, it is critical that parents and other caregivers of children from diverse backgrounds and with diverse abilities have meaningful roles in the planning, delivery and evaluation of Prop 10 initiatives. When historically marginalized groups have a voice in shaping the systems that affect the lives of their children, we can expect cutting-edge and powerful changes. The Advisory Committee on Diversity is confident that only through this increased level of involvement and system improvements will equity be achieved.

The Advisory Committee on Diversity determined at its second meeting (November 2000) that its work must begin with the development of Equity Principles, which were originally referred to as Diversity Principles. The State Commission is the primary audience for these Equity Principles; the principles will be used to guide their policy work and funding decisions. Additionally, the Equity Principles are intended for use by the CCFC staff and contractors. Although the Principles are not mandates, they can serve as guidelines to ensure that the programs and services established and supported by Prop 10 funds are both culturally and linguistically competent and inclusive in serving children with disabilities and other special needs.

The Committee also developed these Equity Principles with the local audience in mind and in response to the County Commissions' requests for support in this area. The Advisory Committee on Diversity feels strongly that the Equity Principles will be beneficial to the children and families served through local programs funded by the County Commissioners.

The Advisory Committee on Diversity firmly believes that through assuring improved programs and access for children and their families from diverse backgrounds and with diverse abilities, the services for all children in California will be better served. We offer these Principles to assist the State Commission in fulfilling its commitment to all children and hope that others throughout California will also adopt them. There are four major components to the Diversity Principles:

1. Inclusive Governance and Participation
2. Access to Services
3. Legislative and Regulatory Mandates
4. Results-based Accountability

The Advisory Committee approved the Equity Principles on June 29, 2001. It is anticipated that the Committee will periodically review and update the Principles.

### **Inclusive Governance and Participation**

Prop 10 recognizes that children develop within the context of their families and communities, and as such, it is essential that Prop 10 programs secure and obtain meaningful participation and input of the families and other caregivers of children from diverse backgrounds and with diverse abilities throughout all program development and implementation phases. Prop 10 programs should:

- Use culturally- and linguistically-appropriate outreach strategies, as well as approaches effective in reaching parents of children with disabilities and other special needs and parents who themselves may have disabilities;
- Assure that all diverse groups, particularly those who have been traditionally underrepresented and underserved, are actively engaged and involved so that they can have an equal voice in defining their needs and finding solutions;
- Use community organizations, both formal and informal networks, and other communication vehicles that have been effective in reaching out to and serving diverse groups;
- Promote and support the development of emerging parent and community leaders; and
- Assure that families representing diverse groups participate equitably in the planning, delivery and evaluation of initiatives, which includes the grant criteria process, advisory groups and other committees.

### **Access to Services**

To assure that children from diverse backgrounds and with diverse abilities have access to high quality and culturally competent early care and education/development opportunities as a critical means for achieving equity, Prop 10 funded programs should:

- Set measurable goals and objectives for increasing access and achieving equity;

- Use culturally and linguistically relevant methods of communication and community outreach, which include engaging respected community persons to promote messages;
- Assure that programs provide access to information, resources and support regarding their child's development, including strengths and needs for all families;
- Conduct assessments that include assets, challenges, and gaps in communities and systems, as well as analyze disaggregated community demographic data (ethnicity, disabilities, language, age, socio-economic status, literacy levels, underinsured/uninsured rates, etc.). Use these assessment and data to establish priority desired results and to design program that will remove disparities and attain desired results;
- Provide information and support through culturally and linguistically responsive service providers and service providers who are knowledgeable about children with disabilities and other special needs and their families;
- Promote collaboration across disciplines, service delivery systems and communities. This includes implementation of a coordinated service delivery approach to young children, especially children with disabilities and other special needs and their families who are often served by a variety of agencies, programs, and service providers;
- Develop print, audio-visual, and electronic materials that are culturally and linguistically relevant for all communities served, are written at appropriate literacy levels, and are available for specialized populations (e.g., Braille, closed captioning);
- Schedule services in accordance with family needs and situations (work schedules, time of the year, language, transportation, etc.);
- Support programs that are individualized to address the cultural and linguistic diversity, as well as the range of ability levels and behavioral and learning styles that are representative of California's children and families;
- Ensure availability of adapted and specialized services and supports as needed to assure full participation for all children and their families. Individualization of services and supports for all families are critical to actively support a child's learning experiences in natural environments to the maximum extent appropriate;
- Demonstrate awareness of, and referrals to, services, resources and other supports available for children with disabilities and other special needs and their families;
- Demonstrate a commitment to promote a workforce that has skills, knowledge of, and reflective of the children and families being served, and a workforce that is knowledgeable about and supportive of children with disabilities and other special needs and their families;
- Demonstrate that staff who work with or on behalf of children and their families display a positive attitude about working with children with disabilities and special needs as well as children from culturally and linguistically diverse backgrounds; and
- Promote policies to assure training and technical assistance necessary to improve knowledge, attitudes and skills of all involved with the Commission and build their capacity to work within culturally and linguistically diverse communities, and serve as well as to work more effectively in serving the range of abilities, behavioral and learning styles that are representative of California's children.



## **Legislative and regulatory mandates**

Agencies must adhere to all legislative, regulatory and accreditation mandates pertinent to the provision of services to children from diverse backgrounds and with diverse abilities. Prop 10 programs should:

- Embrace the spirit of the law;
- Demonstrate leadership in assuring that all staff receive training, are knowledgeable about pertinent legislative and legal mandates and have the skills and resources necessary to implement required modifications or enhancements to services or facilities;
- Inform parents of their rights and responsibilities as well as those of their children;
- Offer its services to all children and their families regardless of immigration status (California Children and Families Commission Resolution -June 24, 1999); and
- Be held accountable for their compliance with key laws and other related mandates, for example:

Title VI of the Civil Rights Act of 1964: requires linguistic access via qualified interpreters and translated materials at no cost to the individual;

Americans with Disabilities Act 1990 (ADA): prohibits discrimination on the basis of disability and promotes equal access, building modifications, hiring practices for persons with disabilities;

Language Access Laws i.e., Dymally-Alatorre Bilingual Services Act (CA); imposes direct obligations state/local governmental agencies to provide appropriate translation services for languages spoken by 5% or more of population served; Individuals with Disabilities Education Act (DEA) establishes special education and coordinated, family centered service delivery systems for children with disabilities from birth through age 5 through several programs e.g., California's Early Start Program, California Department of Education's Preschool Special Education Program; and Executive Order 13166: issued on August 11, 2000 to provide meaningful access to Limited English Proficient (LEP) individuals to federally assisted and federally conducted programs and activities.

## **Results-based Accountability**

Prop 10 programs will have well defined and meaningful outcomes that benefit children from diverse backgrounds and with diverse abilities and thus should:

- Commit to attaining their stated program outcomes realizing that their results are crucial to ongoing sustainability and advocacy;
- Allocate sufficient resources to support accountability and evaluation activities;
- Use program planners, evaluators and other experts who are knowledgeable about children's differing abilities, and who are culturally competent in regards to the population(s) served in developing effective assessment and evaluation tools and methods;
- Conduct assessments that include assets, challenges, and gaps in communities and systems, as well as analyze community demographics (ethnicity, disabilities, language, age, socio-economic status, etc.);

- Assess regularly its inclusive governance process and provide updates on the extent of the family involvement and engagement throughout all phases of program development (planning, implementation and evaluation);
- Use culturally and linguistically appropriate questions, instruments and other research methods to collect relevant data from the populations and communities served;
- Include questions on disabilities and other related issues in surveys and other evaluation and research tools/instruments;
- Collect and report disaggregated data (e.g., ethnicity, disabilities, language, age, socio- economic status, etc.) describing children and families served and the achievement of access, equity and desired child/family results;
- Recognize that accountability and results are crucial to ongoing advocacy and sustainability; and
- Disseminate best practices and promising practices for the benefit of all children and their service providers throughout California.

Appendix 7: Butte County’s Strategic Plan and Statewide Evaluation Plan Indicators Matrix

Result Area	Desired Outcomes	Statewide Evaluation Plan Indicators
Children are born and remain healthy and well nourished	Women achieve optimal health during pregnancy	<p>A1. Infant survival rate.</p> <p>A2. Number and percentage of births at low birth weight.</p> <p>A6. Number and percentage of live births in which mothers received adequate prenatal care.</p> <p>R4. Increased attention to prevention-focused services/activities</p>
	Parents are substance free	<p>F1. Number and percentage of children who live in households where no adults smoke.</p> <p>F2. Number and percentage of women who did not smoke during pregnancy.</p>
	Parents are knowledgeable and supportive in providing for the health needs of their children	<p>E1. Number and percentage of children ages 1 and older who receive annual dental exams.</p> <p>B1. Number and percentage of children aged 19-35 months who receive the recommended vaccines.</p> <p>B2. Number and percentage of children who receive well-baby and child checkups by age 2.</p> <p>B3. Number and percentage of children with a regular medical home.</p> <p>C1. Number and rate of emergency room visits by children with nonfatal, unintentional injuries.</p> <p>D1. Number and percentage of women who are breastfeeding.</p>
	Children reach optimal health and dental milestones	<p>E1. Number and percentage of children ages 1 and older who receive annual dental exams.</p> <p>E4. Number and percentage of children who have dental insurance.</p> <p>B1. Number and percentage of children aged 19-35 months who receive the recommended vaccines.</p> <p>B2. Number and percentage of children who receive well-baby and child checkups by age 2.</p> <p>B3. Number and percentage of children with a regular medical home.</p> <p>B5. Number and percentage of children who have health insurance.</p> <p>C2. Number and percentage of children who parents rate them as in a very good or excellent health.</p> <p>D2. Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their height and age.</p> <p>Q13. Providing services for children with disabilities and other special needs.</p>
Early Care and Education Providers are competent, qualified, and remain in the profession	Providers are adequately compensated	
	Providers have knowledge and abilities to improve children's school readiness and success	<p>K2. Number and percentage of children who participate in school-linked transition/school readiness immersion programs.</p> <p>Child care experiences for children entering kindergarten.</p> <p>Kindergarten student active attendance rates.</p> <p>Number and percentage of parents who report receiving various parent education and support services.</p> <p>I1. Number and percentage of primary care providers who use developmental screenings on all children under age 3.</p> <p>I2. Number and percentage of children identified as having disabilities and other special needs [including a developmental delay by the time of kindergarten entry].</p> <p>I3. Number and percentage of children identified with disabilities that are referred to developmental services by kindergarten entry.</p>
	Informal/exempt providers have basic early childhood education.	<p>I4. Number and percentage of early childhood care and education providers who receive training and/or technical support for caring for children with disabilities and other special needs [PEDS Activities Data].</p>
	There will be a sufficient supply of providers	<p>G1. Number of licensed center child-care spaces per 100 children.</p> <p>G2. Number of licensed family, child-care slots per 100 children.</p> <p>G3. Number of Head Start slots per 100 low-income children.</p> <p>G4. Number and percentage of licensed center child-care spaces for children with disabilities and other special needs.</p> <p>H2. Percentage of children with disabilities and other special needs who participate in early childhood care and education programs.</p>

Children are ready to enter school and progress successfully	Parents have knowledge and abilities to support school readiness and success in continued learning.	<p><b>J1. Number and percentage of families who report reading or telling stories regular to their children, 3 to 5 years of age.</b></p> <p>Number and percentage of parents who report receiving varies parent education and support services.</p> <p>Kindergarten student active attendance rates.</p> <p><b>Number and percentage of mothers who completed high school or its equivalent.</b></p>
	Children demonstrate developmentally appropriate competencies in self-care, social, emotional, cognitive, physical, and communication skills.	<p><b>K1. Number and percentage of children entering kindergarten ready for school as determined by assessments completed by teachers and parents that indicate the child is ready in the areas of cognitive, social, emotional, language, approaches to learning and health/physical development.</b></p> <p>Number and percentage of students retained a second year in kindergarten.</p> <p>State standardized test scores for reading in second grade.</p>
	Early care and education profession meets the demand for services.	<p><b>H1. Number and percentage of children who have ever attended a nursery school, prekindergarten, or Head Start program by the time of kindergarten entry.</b></p> <p>G1. Number of licensed center child-care spaces per 100 children.</p> <p>G2. Number of licensed family, child-care slots per 100 children.</p> <p>G3. Number of Head Start slots per 100 low-income children.</p> <p>G4. Number and percentage of licensed center child-care spaces for children with disabilities and other special needs.</p> <p><b>H2. Percentage of children with disabilities and other special needs who participate in early childhood care and education programs.</b></p>
	Schools and early childhood educators support children's successful transition.	<p><b>X1. Number and percentage of elementary schools with formal linkages to preschools, Head Start and Early Head Start program, child care centers, home visiting programs and community resources</b></p> <p><b>X2. Number and percentages of preschools with formal linkages to public and private elementary schools, child care centers, home visiting programs, and community resources.</b></p>
Families are nurturing and supportive in their children's social and emotional health	Children thrive in safe and stable homes.	<p><b>N1. Number and percentage of children living in poverty.</b></p> <p><b>N2. Number and percentage of parents reporting food security.</b></p> <p><b>N3. Number and percentage of children who move more than once in a year.</b></p> <p>N1.1 Number and percentage of kindergarten children participating in free/reduced breakfast and lunch programs</p> <p>N11. Percentage of mothers who are unmarried.</p> <p>P1. Number and percentage of children under age 5 who have lived in foster cared within the past year.</p> <p>P2. Number and percentage of children under age 5 in foster care that are placed in a permanent home.</p>
	Parents demonstrate effective parenting skills	<p><b>L1. Number and percentage of children with substantiated or confirmed (open) cases of child abuse.</b></p> <p><b>L2. Number and percentage of child maltreatment in which there is a recurrence within a 6-month period.</b></p>
	Parents are substance free- Mental health and alcohol, drugs, and tobacco prevention	<p><b>O4. Number and percentage of mothers screened for and referred for depression.</b></p> <p><b>F1. Number and percentage of children who live in households where no adults smoke.</b></p> <p><b>F2. Number and percentage of women who did not smoke during pregnancy.</b></p>

## Additional Statewide Evaluation Indicators that don't tie into Butte County's Strategic Plan

### Improved Family Functioning

**M1. Number and rate of births to young teenage mothers.**

### Systems Change

**Q2. Increased number of service locations.**

**Q5. Providing co-located services (multiple agencies providing services at a shared location)**

**Q6. Providing services in conveniently located places.**

**Q14. Providing services for underserved population(s).**

**S1. Cultural diversity training for providers.**

**S4. The provision of print, audiovisual, and electronic materials that are culturally and linguistically appropriate for communities being served and written at appropriate literacy levels.**

**T1. Providing comprehensive services (combination of health, educational, social, or emotional support services)**

**T7. Using a centralized registry or database across agencies to share information on program participants.**

**Q8. Providing home-based services**

**Q9. Providing transportation to services**

**Q11. Expanding service hours or making scheduling flexible**

**Q12. Increasing outreach and public awareness of services.**

**R1. Providing training and technical assistance to program staff to improve quality of services**

**R2. Increased family focus of services (e.g., addressing the needs of multiple family members)**

**S2. The provision of training and technical assistance to improve knowledge, attitudes, and skills of service providers to increase their capacity to work with children with disabilities and other special needs.**

**S3. Service providers who are culturally and linguistically reflective of the community.**

**S5. The availability of adapted and specialized services and supports for children with disabilities and other special needs and their families.**

**S6. Data collected and reported by ethnicity, language, age, gender, geographic areas, special needs, populations, or other significant subgroups.**

**T3. Joint planning and decision-making among multiple agencies.**

**T6. Seeking joint funding and/or pooling resources with other agencies.**

**T8. Advocating for policy change in collaboration with other agencies.**

**U1. Using a shared accountability system across agencies (using some common measures to assess results and examining findings jointly)**

**U4. Using data to inform program refinements and future program funding.**

**V1. Increased public input (e.g., surveys, community hearings).**

Additional local indicators suggested by BCCFC Advisory Committees include the following:

1. Number and percentage of prenatal providers addressing tobacco and substance cessation.
2. Number and percentage of parents that are substance free (It is noted that at this time there is no reliable data).
3. Number and percentage of mothers with Positive/Negative drug test results at delivery (It is noted that at this time drug testing is not consistent).
4. Number and percentage of mothers that used drugs, alcohol, and tobacco during pregnancy.

## Appendix 8: Funding Allocation Plan

### Background

In fiscal year 00 - 01, the Commission awarded first round funding totaling \$977,273 to thirty successful community-based mini-grant applicants in a competitive bidding process.

In fiscal year 01 – 02, the Commission awarded second round funding totaling \$4,919,174 to eleven successful community-based big grant applicants in a competitive bidding process for a duration cycles of one, or three years. Additionally, the Commission awarded \$1.5 million for two years for the State Commission's Child Care Provider Retention Matching Fund Initiative, and \$1.4 million for four years for the State Commission's School Readiness Matching Fund Initiative.

In fiscal year 02 –03, the Commission awarded and/or obligated approximately \$45,500 to the Drug Endangered Children program, \$77,400 for the county-wide internet based information and referral system, and \$70,000 for local evaluation of Commission funded programs and services.

In fiscal year 03 –04, the Commission obligated approximately \$1.5 million for two years for the State Commission's Child Care Provider Retention Matching Fund Initiative, \$158,078 for the county-wide internet based information and referral system, and 71,000 for local evaluation of Commission funded programs and services.

### Funding Allocation Plan

The funding allocation plan contained in this section of the Strategic Plan describes the overall approach that will be used to allocate funds from the Children and Families Trust Fund to specific community programs, projects and services in Butte County for **fiscal years 04 - 05 through 06 - 07**. The funding allocation plan describes what percentages of funds are allocated among selected prioritized funding categories determined by the Commission in spring of 2003. The funding allocation plan provides program specific allocation amounts. The amount to be spent in the funding allocation plan is driven by the direction and designated activities of the financial plan (appendix 5), which forecasts across revenue and expense sub categories of the Commission's budget. The Strategic Plan identifies the priority service programs for the funding allocation plan.

In the first annual Strategic Plan submitted to the State Commission on November 12, 2000, the Commission made a commitment to cap administrative expenses at 14.5% of the annual budget. The Commission has operated and intends to continue operating within this self imposed limitation. Both the financial plan and the funding allocation plan drive the annual budget, which is the specific expenditure commitment.

For **fiscal years 04 – 05 through 06 - 07**, approximately one and a half million dollars will be allocated per year for Grants and Initiatives. **The Commission's scheduled**

**release date of the formal Request For Proposals (RFP) from community-based bidders is January 2004.** Contracts for successful grantees to provide services will begin July 2004 and end June 30 2007. All or some of the prioritized result areas below will be included in the RFP. The Commission may select grantees from the formal the bidding process, or sole source, and/or target a collaborating group of providers for funding awards depending on the responses received to the RFP. The following categories and percentages were identified by the Commission in the spring 2003:

<b>FY 2004 – 2007</b>	<b>Per Year</b>	<b>% of 1.5 million for grants</b>
Children are born & remain healthy & well nourished	\$390,000.	26%
Early Care & Ed. Providers are competent, qualified and remain in the field	\$405,000.	27%
Children are ready to enter school & progress successfully	\$375,000.	25%
Families are nurturing & supportive of their children's social and emotional needs	\$330,000.	22%

### **Funding Allocation Guidelines**

Funds will be allocated to successful bidders responsive to Commission's Request for Proposals (RFP) or Request for Applications (RFA) designed to maximize collaboration and open participation by existing and new community-based organizations or individuals. Priority will be given to bidders who demonstrate a sound history of results-based accountability. The criterion selected by Commission in spring 2003 to determine prioritized result areas will also be used in developing the RFA/RFP and factored in proposal scoring for determining successful bidders.

Funds may also be allocated on a sole source basis, or to a targeted collaborating group of providers, at the discretion of the Commission.

The Commission is committed to ensuring that the greatest possible benefit is realized for young children and their families through the use of resources from the Children and Families Trust Fund. In order to meet this overall goal, the following guidelines have been established related to the allocation and investment of Trust Fund monies:



1. Funds will only be allocated to activities that are in direct furtherance of the elements of this strategic plan or that are necessary for the operation of the Commission, consistent with the purposes expressed in the California Children and Families Act.
2. The Commission will actively seek to coordinate with other funding sources so that Proposition 10 resources are used wherever possible to (a) leverage funds from other sources so that the total monies available for early childhood development are increased, and/or (b) fill gaps where no other sources of funding can be identified to provide high-priority programs and services called for in this plan.
3. In compliance with California Revenue and Taxation Code section 30131.4, Trust Fund monies will be used only to supplement existing levels of service and not to fund existing levels of service. No monies from the Children and Families Trust Fund will be used to supplant state or local General Fund money for any purpose.
4. The Commission is committed to funding service providers that are able to objectively demonstrate the cost-effectiveness and overall efficacy of their services and that comply with other requirements of the Commission to ensure accountability of funds.
5. Since the number and magnitude of needs in Butte County far exceed the amount of funding available to the county each year from the Trust Fund, a multi-year investment strategy will be used. This means that funding will be targeted toward specific outcomes and objectives over multiple years in order to achieve a long-range impact. However, in recognition of the continuous changes that occur within the community and other funding sources, the Commission will make funding decisions one year at a time. There can be no guarantee of sustained support for programs funded in prior years.
6. Creative strategies will be pursued to achieve fiscal independence for funded programs wherever possible. This may include the ability of programs to generate their own revenues in the future and/or the ability to transition funding from the Commission to other sustainable sources so that Trust Fund resources are freed up for other purposes.
7. The Commission seeks to minimize administrative costs whenever possible so that the most resources possible can be focused on achieving the goals and objectives described in the Strategic Plan.